

SERFF Tracking Number:	AAMC-125972465	State:	Arkansas
Filing Company:	Pioneer Security Life Insurance Company	State Tracking Number:	41264
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Application for Life Insurance - 9702(Rev.12/08)		
Project Name/Number:	/		

## Filing at a Glance

Company: Pioneer Security Life Insurance Company

Product Name: Application for Life Insurance - SERFF Tr Num: AAMC-125972465 State: ArkansasLH  
9702(Rev.12/08)

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 41264

Sub-TOI: L08.000 Life - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Traci Duffey

Disposition Date: 01/08/2009

Date Submitted: 01/06/2009

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filed in Texas, our State of Domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/08/2009

State Status Changed: 01/08/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

See Cover Letter under Supporting Documents.

## Company and Contact

### Filing Contact Information

Clara Keel, Product Filing Manager and

ckeel@aatx.com

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**Assistant Secretary**

425 Austin Avenue (254) 297-2794 [Phone]  
Waco, TX 76701 (254) 297-2138[FAX]

**Filing Company Information**

Pioneer Security Life Insurance Company	CoCode: 67946	State of Domicile: Texas
425	Group Code: 1327	Company Type: LAH
Waco, TX 76701	Group Name:	State ID Number:
(254) 297-2777 ext. [Phone]	FEIN Number: 75-1083342	
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SERFF Tracking Number: AAMC-125972465 State: Arkansas  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pioneer Security Life Insurance Company	\$50.00	01/06/2009	24854803

SERFF Tracking Number: AAMC-125972465 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/08/2009	01/08/2009

*SERFF Tracking Number:*      *AAMC-125972465*                      *State:*                      *Arkansas*  
*Filing Company:*              *Pioneer Security Life Insurance Company*              *State Tracking Number:*              *41264*  
*Company Tracking Number:*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *Application for Life Insurance - 9702(Rev.12/08)*  
*Project Name/Number:*              */*

## **Disposition**

Disposition Date: 01/08/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AAMC-125972465 State: Arkansas

Filing Company: Pioneer Security Life Insurance Company State Tracking Number: 41264

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Application for Life Insurance - 9702(Rev.12/08)

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Letter		Yes
Form	Application for Life Insurance		Yes

SERFF Tracking Number:	AAMC-125972465	State:	Arkansas
Filing Company:	Pioneer Security Life Insurance Company	State Tracking Number:	41264
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Application for Life Insurance - 9702(Rev.12/08)		
Project Name/Number:	/		

## Form Schedule

**Lead Form Number:** 9702(Rev.12.08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	PS9702(Re v.12/08)	Enrollment Form	Application/ Application for Life Insurance	Initial		55	PS9702(12-08).pdf

APPLICATION FOR  
LIFE INSURANCE

PIONEER SECURITY LIFE INSURANCE COMPANY  
P.O. BOX 2550, WACO, TX 76702-2550 • (254) 297-2778

Please print all answers

Proposed Insured: \_\_\_\_\_  
Address: (No. & Street) \_\_\_\_\_  
City: \_\_\_\_\_

(First) \_\_\_\_\_  
(Middle) \_\_\_\_\_  
State: \_\_\_\_\_

\_\_\_\_\_ (Last)  
Zip Code: \_\_\_\_\_

\_\_\_\_\_

Telephone interview done (if applicable) ☐ Yes ☐ No  
Best time to call \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_ @

Sex ☐ Male ☐ Female  
Date of Birth Mo. Day Yr / /  
Age \_\_\_\_\_  
State of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
Height: \_\_\_\_\_ ft \_\_\_\_\_ in  
DL# \_\_\_\_\_  
Weight: \_\_\_\_\_ lbs  
Annual Salary: \$ \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Owner: Name \_\_\_\_\_ SS# \_\_\_\_\_  
Payor: Name \_\_\_\_\_ SS# \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship \_\_\_\_\_  
Relationship \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_  
Insured: Contingent Beneficiary \_\_\_\_\_  
Plan: \_\_\_\_\_  
Return of Premium (not available on 10 year term plan) ☐ Yes ☐ No  
During the past 12 months have you used tobacco in any form (excluding occasional pipe and cigar use)? ☐ Yes ☐ No

Riders: ☐ Waiver of Premium ☐ ADB \$ \_\_\_\_\_ ☐ CIA \_\_\_\_\_ Units \_\_\_\_\_  
☐ Disability Income \$ \_\_\_\_\_ ☐ Critical Illness \_\_\_\_\_ % ☐ Other \_\_\_\_\_  
Policy Date Request: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mail Policy: ☐ Agent ☐ Insured ☐ Owner

Mode: ☐ Bank Draft ☐ Draft 1st Prem on Req. Date ☐ Payroll Deduction  
☐ Qtrly ☐ Other \_\_\_\_\_  
Modal Prem \$ \_\_\_\_\_  
CWA: ☐ E-Check Immediate 1st Prem ☐ Collected \$ \_\_\_\_\_

Do you have any existing life or disability insurance or annuity contract? ☐ Yes ☐ No  
Will you replace an existing life or disability insurance policy or an annuity? ☐ Yes ☐ No

Other Proposed Insureds: Name \_\_\_\_\_ Rider \_\_\_\_\_ Amt. \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ St. of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Coverage \$ \_\_\_\_\_

SECTION A: Answer Questions 1, 2 and 3 for all Proposed Insureds.  
1. Has any Proposed Insured been diagnosed or treated for, taken medication for or currently under treatment for (circle condition that applies):  
a. high blood pressure, heart attack, angina, arrhythmia, aneurysm, stroke, TIA, heart or circulatory disease or disorder? ..... Yes ☐ No ☐  
b. diabetes, pancreas disorder, hepatitis, Crohn's Disease, ulcerative colitis, liver or digestive disease or disorder? ..... Yes ☐ No ☐  
c. cancer in any form, lung disease or disorder, seizures, mental or nervous disorder, bi-polar disorder, paralysis, blindness? ..... Yes ☐ No ☐  
d. any disease or disorder of the kidneys, urinary bladder, prostate, reproductive organs, or sexually transmitted disease? ..... Yes ☐ No ☐  
e. connective tissue disease, systemic lupus (SLE), anemia, arthritis, or any disorder of the back, joints, muscles? ..... Yes ☐ No ☐  
f. any other disease or disorder, injury, surgery within the past 24 months? ..... Yes ☐ No ☐  
2. Within the past 2 years has any proposed insured participated in parachuting, hang gliding, rock or mountain climbing, rodeo events, sky diving, scuba diving, organized racing of any kind, any professional sport, or aviation? ..... Yes ☐ No ☐  
3. Has any Proposed Insured:  
a. been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)? ..... Yes ☐ No ☐  
b. within the past 5 years, been convicted of any misdemeanor or felony charge, had their driver's license suspended or revoked, or convicted of driving under the influence of alcohol or drugs, or driver's license currently suspended or revoked? ... Yes ☐ No ☐  
c. within the past 5 years, used illegal drugs, abused alcohol or drugs, or had or been recommended by a medical professional or licensed counselor to discontinue the use of alcohol or drugs or to have treatment or counseling for alcohol or drug use? .... Yes ☐ No ☐  
d. within the past 6 months, been on probation, parole, or been prohibited from actively working full time (30 hours or more per week) at their regular occupation due to any illness, injury, or health related problem, or are you currently disabled? ..... Yes ☐ No ☐  
e. within the past 12 months, consulted a physician, had surgery, been hospitalized, or had diagnostic tests such as EKG, Xray, MRI, CAT scan? ..... Yes ☐ No ☐  
f. within the past 12 months, had diagnostic testing, surgery, or hospitalization recommended by a medical professional which has not been completed or for which the results have not been received? ..... Yes ☐ No ☐

SECTION B: If applying for Critical Illness Rider answer Question 4. (Provide: name, relationship, age at onset, medical condition.)  
4. Has primary insured had a natural parent, brother or sister, suffer from diabetes, kidney disease, require a major organ transplant or been diagnosed with heart disease, cerebrovascular disease, or internal cancer prior to age 60? ..... Yes ☐ No ☐

SECTION C: Give details to all "Yes" answers in Sections A and B and list current medications (use COMMENTS section on back for additional space).  
Illness, Injury, Disease, or Symptoms \_\_\_\_\_ Dates \_\_\_\_\_ Treatment \_\_\_\_\_ Name and Address of Physician and/or Hospital \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. PS9702(Rev.12/08)

NOTICE

Printed in compliance with Public Law 91-508

Thank you for considering Pioneer Security Life Insurance Company for your insurance needs. This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. Pioneer Security Life Insurance Company, or its reinsurers, may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Brantree Hill Park, Suite 400, Brantree, Massachusetts 02184-8734. Pioneer Security Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.



COMMENTS: \_\_\_\_\_

**AGREEMENT**—I agree with Pioneer Security Life Insurance Company (the Company) as follows: (1) To the best of my knowledge and belief, all answers and statements contained in this application are true, complete and correctly recorded; and (2) This application and any policy issued on the basis of such application shall form the entire contract; and (3) No change in this contract shall be effected without my written consent with regard to: (a) the amount of insurance; (b) age at issue; (c) classification of risk; (d) plan of insurance; or (e) benefits. If this application is declined by the Company, I will accept the return of any premium paid. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement may be guilty of insurance fraud.

**AUTHORIZATION**—In order to properly classify my application for life insurance, I authorize any and all licensed physicians, medical practitioners, hospitals, clinics, medical or medically-related facilities, health plans, pharmacy benefit managers, pharmacies or pharmacy-related facilities; insurance companies and their business associates and those persons or entities providing services to the insurer's business associates which are related in any way to their insurance plans; the Medical Information Bureau or other organization that has knowledge or records of me and my health to give such information to: (a) Pioneer Security Life Insurance Company; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of 425 Austin Ave., Waco TX 76701. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the Medical Information Bureau, are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize Pioneer Security Life Insurance Company to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the Medical Information Bureau; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for two years from this date. A copy of this authorization shall be as valid as the original.

**CERTIFICATION**—I hereby certify, under penalties of perjury, that (1) the social security number indicated above is my correct taxpayer identification number and (2) that I am not subject to backup withholding under Section 3406 (a) (1) (c) of the Internal Revenue Code. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

*I acknowledge receiving the Fair Credit Reporting Act Notice and the MIB Pre-Notice. I acknowledge receiving the Accelerated Living Benefit Rider Disclosure Form, the Terminal Illness and Confined Care Accelerated Benefit Rider Disclosure Forms, if applicable.*

Signed at \_\_\_\_\_ Date of Application \_\_\_\_\_  
CITY STATE MONTH DAY YEAR

SIGNATURE OF PROPOSED INSURED

SIGNATURE OF OWNER (IF OTHER THAN PROPOSED INSURED)

AGENT'S REPORT

*I certify that I have personally asked each question on this application to the proposed insured(s), I have truly and completely recorded on the application the information supplied by him/her, and I witnessed their signature. I certify that the Accelerated Living Benefit Rider Disclosure Form, the Terminal Illness and Confined Care Accelerated Benefit Rider Disclosure Forms have been presented to the applicant, if applicable.*

Does the proposed insured have any existing life or disability insurance or annuity contract? ..... ☐ Yes ☐ No

Is the proposed insurance intended to replace or change any existing life or disability insurance or annuity? ..... ☐ Yes ☐ No

Agent \_\_\_\_\_ No: \_\_\_\_\_ % Agent \_\_\_\_\_ No: \_\_\_\_\_ %  
SIGNATURE SIGNATURE

Insured \_\_\_\_\_ Account Holder \_\_\_\_\_

Financial Institution (name/address) \_\_\_\_\_

Transit / ABA Number \_\_\_\_\_ Account Number \_\_\_\_\_ ☐ Checking ☐ Savings Requested Draft Day (1st-28th) \_\_\_\_\_

ATTACH VOIDED CHECK OR DEPOSIT SLIP

As a convenience to me, I hereby request and authorize you to pay and charge to my account amounts drawn on my account, whether by electronic or paper means, by and payable to the order of Pioneer Security Life Insurance Company, for the purpose of paying premiums on life insurance policy, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights with respect to each such charge shall be the same as if it were signed personally by me. This authorization is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

SIGNATURE (As on Financial Institution Records) \_\_\_\_\_ DATE \_\_\_\_\_

Form No. PS9702 (Rev.12/08)

PIONEER SECURITY LIFE INSURANCE COMPANY  
P.O. BOX 2550, WACO, TX 76702-2550

CONDITIONAL RECEIPT

NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY UNLESS AND UNTIL ALL CONDITIONS OF THIS RECEIPT ARE MET. NO AGENT HAS THE AUTHORITY TO ALTER THE TERMS OR CONDITIONS OF THIS RECEIPT. THIS RECEIPT SHALL BE INVALID AND MAY NOT BE ISSUED WITH RESPECT TO PROPOSED PAYMENT OF THE INITIAL PREMIUM TENDERED BY MEANS OF A POST-DATED CHECK.

ALL PREMIUM CHECKS MUST BE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE PAYEE BLANK.  
Received from \_\_\_\_\_ the sum of \$ \_\_\_\_\_ as first payment on this application for

Proposed Insured \_\_\_\_\_

Date \_\_\_\_\_

Agent \_\_\_\_\_

If (1) an amount equal to the first full premium is submitted or a payroll deduction authorization, a government allotment authorization, or a bank draft authorization has been fully implemented in an amount sufficient to pay the first full monthly premium, (2) any check or bank draft authorization given in payment of the initial premium is honored when first presented, (3) all underwriting requirements, including any medical examinations required by the Company's rules, are completed, and (4) the proposed insured is, on the date of application, a risk acceptable for insurance exactly as applied for without modification of plan, premium rate, or amount under the Company's rules and practices, then insurance under the policy applied for shall become effective on the latest of (a) the date of application, (b) the date the payroll deduction authorization or government allotment authorization is submitted for processing, or (c) the requested draft date specified in the bank draft authorization, or (d) the date of the latest medical exam required by the Company. THE TOTAL AMOUNT OF LIFE INSURANCE, INCLUDING ANY AMOUNT IN FORCE OR BEING APPLIED FOR, WHICH MAY BECOME EFFECTIVE PRIOR TO THE DELIVERY OF THE POLICY SHALL IN NO EVENT EXCEED \$150,000.00. (INCLUDING LIFE INSURANCE AND ACCIDENTAL DEATH BENEFITS).

If any of the above conditions are not met exactly, the liability of the Company shall be limited to the return of any amount paid.

<i>SERFF Tracking Number:</i>	<i>AAMC-125972465</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pioneer Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41264</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Application for Life Insurance - 9702(Rev.12/08)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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Filing Company: Pioneer Security Life Insurance Company State Tracking Number: 41264  
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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

01/02/2009

**Comments:**

**Attachment:**

AR PS9702 Readability Certification.pdf

### Review Status:

**Satisfied -Name:** Letter

01/05/2009

**Comments:**

**Attachment:**

AR PS9702\_Rev.12\_08 Letter.pdf

ARKANSAS

PIONEER SECURITY LIFE INSURANCE COMPANY

CERTIFICATION

This is to certify that the attached Application for Life Insurance, Form Number PS9702(Rev.12/08), has achieved a Flesch Reading Ease Score of 55 and complies with the requirements of Arkansas Statue 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Simplification Act.



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Signature

Clara Keel, FLMI  
Product Filing Manager & Assistant Secretary

January 6, 2009

# Pioneer Security Life Insurance Company

P.O. Box 2550 • Waco, Texas 76702-2550 • 254-297-2778

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January 6, 2009

NAIC No. 67946

Mr. Joe Musgrove  
Policy and Other Form Filings  
State of Arkansas  
Department of Insurance  
1200 West Third Street  
Little Rock, Arkansas 72201-1904  
Attention: Compliance - Life and Health

Re: Form No. PS9702(Rev.12/08) – Application for Life Insurance

Dear Mr. Musgrove:

The above referenced application is being submitted for your consideration and approval. This application is new and will replace application Form No. PS9702(Rev.10/06) previously approved by your department on November 17, 2006. The Flesch readability score is 55.

Application, Form No. PS9702(Rev.12/08), will be used when applying for the Level Term Life Insurance to Age 95 Policy, Form No. PS06-9690, approved by your department on June 27, 2006.

The above referenced submission meets the provisions of Arkansas Rule and Regulation 19 (Unfair Sex Discrimination in the Sale of Insurance) as well as all applicable requirements of the department.

If I may be of assistance in your review, please contact me at 1-800-736-7311, extension 3216, or [ckeel@aatx.com](mailto:ckeel@aatx.com).

Sincerely,



Clara Keel, FLMI  
Product Filing Manager & Assistant Secretary

CJK:tad

Enc.

